

To the Chairman and Councillors of the Langport Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Report for the year 1951.

The Report shows steady progress has been made in all phases of public health throughout the year with the exception of the school dental service which, I regret to state, is still unsatisfactory.

I am pleased to be able to record that the Council have at last decided that the collection of Langport sewage must be tackled and have instructed consulting engineers to draw up plans for the satisfactory sewage disposal. It is interesting to note that the question was the subject of discussion in the Council in 1896. At that time the River Board were satisfied "that the existing arrangements for the disposal of sewage at Langport were very objectionable." The position was not improved. Various schemes have been put forward since but never put into effect. I hope that it will not be long before I can report that an efficient disposal works have been constructed.

In this Report I have briefly drawn attention to the enormous volume of work which the District Nurses perform in the area each year. I think the general public little realise how much they owe to these hard working members of the Public Health Department and I would like to take this opportunity of recording my appreciation of all they do during the year.

I am,

Your Obedient Servant

A. M. McCALL

Medical Officer of Health

## SECTION A

### Statistics and Social Conditions of the Area

#### Population

The Registrar General gives the estimated population for Langport for the mid-year 1951 as 12,820. This is slightly less than last year. The main statistics of the area are shown in Appendix A, Table 1.

#### Birth Rate

The Birth Rate of 15.3 per thousand shows an increase on last year and compares favourably with the figure of 15.5 for England and Wales as a whole. Full details are shown in Appendix A, Table 2.

#### Death Rate

The Death Rate of 15 per thousand is higher than last year and is above that of 12.5 for England and Wales in 1951. Full details are shown in Appendix A, Table 3. Heart Disease is again the greatest killer and taken with other diseases of the circulation accounted for over half the total number of deaths; cancer is the next highest.

#### Infant Mortality

Only five deaths occurred during the year. This gives a rate of 25.3 per thousand live births as compared with 29.6 for England and Wales as a whole.

#### Maternal Mortality

I am pleased to state that there were no cases of maternal death during the year.

#### Social Conditions

The Social Services were unchanged during the year and unemployment remained at a low level.

## SECTION B

### The General Provision of Health Services in the Area

#### Maternity Services

Responsibility for the maternity services of the area falls upon the County Council but the work is mainly carried out by the District Nurse who attends all cases during pregnancy. Ante-natal examinations are carried out by the private practitioner and nurses. No ante-natal clinics are held but some of the nurses hold an unofficial clinic in their own houses. They attend all patients who are confined at home and in case of difficulty call in the private practitioner. All district nurses in the area are equipped with gas anaesthesia machines. The district nurses arrange for admission to hospital of cases with previous obstetric histories, any condition arising during confinement or whose home conditions necessitate hospitalisation.

#### Health Visitors

Two health visitors work in the area. They attend all school medical inspections and they are also responsible for following up any defects found and any cases referred to them by hospital clinics. They attend Tuberculosis Clinics and regularly visit all cases in their district.

#### Domiciliary Nursing

District Nurses are responsible for domiciliary nursing in their area. It is little realised the tremendous amount of work they achieve during a year and I have endeavoured to present in tabular form their many duties. These will be found in Appendix B, Table 1. They visit homes for a number of different purposes, these include general and maternity nursing, ante and post natal examinations, infant welfare visits and casual visits.

#### Infant Welfare Clinics

I am pleased to be able to say that there was a great improvement in this service in the Langport Rural District.

Curry Rivel The chief clinic is at Curry Rivel where the numbers attending showed a gradual improvement. Transport is provided for mothers living in outlying areas, a bus doing a circular tour



of the outlying villages on the afternoon the clinic is held. They are conveyed home at the end of the session. The number availing themselves of this transport has been discouraging in recent months and it is hoped that the mothers living outside Curry Rivel will make a greater effort to support the Clinic. Details are shown in Appendix B, Table 2.

Langport An Infant Welfare Clinic was commenced at Langport during 1951. At present the numbers attending are small but the Committee and District Nurses are enthusiastic and the attendance will undoubtedly improve. Details are shown in Appendix B, Table 2.

Kingsdon No official clinic is held here but the district nurse holds an unofficial weighing session and hopes that in the near future transport will be provided for the mothers to attend the Infant Welfare Clinic at Ilchester.

Compton Dundon and Littleton Transport is provided for mothers living in this area to attend the Infant Welfare Clinic at Street twice a month.

Aller The District Nurse holds an unofficial weighing session here each month.

The policy of the County Council is to encourage nurses to get the mothers of their areas interested in the Child Welfare Clinic. If a sufficient number are anxious to attend then transport is provided. If the numbers of a particular area warrant the opening of a clinic a local committee is formed and the County Council provides a Doctor who attends as required.

#### Immunisation

The campaign to immunise as many children as possible was carried out vigorously throughout the year. General Practitioners immunise in their own surgeries and the school and clinic doctors have done very good work.

#### Vaccination

The numbers of children being vaccinated every year is much smaller than it should be and as the proportion of unvaccinated to vaccinated increases so the danger of an outbreak of small pox becomes a more serious threat. Parents should try and get

their children vaccinated as early as possible as the reaction in the very young is much less than in later years. Details are shown in Appendix B, Table 3.

#### Home Help

The Home Help Service is administered by the County Council. The area organiser in charge of the Langport district visits each household requesting help and assesses the need and type of work to be done. A suitable worker is then provided. It has been invaluable in times of confinement and illness.

#### School Medical Service

The medical inspection of schoolchildren in the area is the responsibility of the County Education Authority. I, as the Assistant County Medical Officer of Health, have carried out a number of inspections, details of which are shown in Appendix B, Table 4. There has been no change in the sanitary circumstances of the schools in the area during the year.

#### School Dental Service

I regret that once again I have to report that there has been no improvement during the year and few of the schools now receive regular dental inspection. The dates on which they were last inspected are shown in Appendix B, Table 4.

#### Ophthalmic Services

All schoolchildren with visual defects were seen by the County Occulist at either Taunton or in the Huish Secondary Modern School. Suitable treatment was prescribed as necessary.

#### Orthopaedic Services

Orthopaedic Clinics were held in Yeovil and Taunton. Use is made of the Yeovil swimming bath on Saturday mornings to allow all children who have been affected with Infantile Paralysis to receive modern treatment in the baths and they are encouraged to take up swimming.

#### National Assistance Act

Two cases were dealt with during the year but neither were brought before the courts.

#### Ambulance.

The details shown in Appendix B, Table 5 refer to the running

of the Langport ambulance for the year 1951 to October 31st when the Langport station was closed down and taken over by the Taunton Group at Musgrove Park. The ambulance service had been successfully carried on in Langport for eighteen years and the Committee disposed of the remaining funds of about £300 to charitable organisations in the district. Mr. Shire was the officer in charge of the ambulance while it was stationed at Langport and he gave many years of hard and efficient service to the cause and I would like to take this opportunity of conveying our thanks to him.

### SECTION C

#### Prevalence of and Control over Infectious Diseases and other Diseases

A Summary of notifications will be found in Appendix C, Table 1. There was a mild epidemic of measles during the year and a number of cases of chicken pox and whooping cough were notified. No cases of diphtheria occurred. I am pleased to state that there was only one case of Infantile Paralysis reported during the year. This was a considerable improvement on last year when thirteen were notified. Tuberculosis continues to recur regularly in the monthly returns although there is a slight decline over the past few years. B.C.G. inoculation is available under the County scheme for all those in whose work the hazards of Tuberculosis are greater, these include nurses, medical students, and susceptible contacts.



## SECTION D

### Environmental Health Services

#### A Sanitary Circumstances

Climatic Conditions We had another very wet year, the rainfall being particularly heavy in the later months with the resultant severe flooding towards the end of the year.

Water Supply The quality of the water was satisfactory throughout the year. There were some shortages in the higher parts of Curry Rivel and Long Sutton during the summer months. In order to counteract the shortage at Curry Rivel an inverted U-Tube was placed in the main feeding the reservoir, thus sustaining a greater head of water sufficient to assist the higher parts of the village. Restrictions from 6 p.m. to 6 a.m. were in force at Long Sutton for a time. Regular sampling was done throughout the year details of which can be seen in Appendix D, Table 1. Details of supplies can be seen in Appendix D, Table 2. Steady progress was made in the Eastern Parishes supply scheme and new mains to the parish of Pitney were sterilised and brought into use thus making a pipe supply available in the parish for the first time. Considerable progress was made in the parish of High Ham.

Sewage Disposal The only parishes in the area with main drainage and efficient disposal systems are Somerton, Curry Rivel and Kingsbury Episcopi. It is to be noted that there is an important omission, Langport is still without sewage disposal works. However, I am pleased to say that during the year the Council instructed consulting engineers to draw up a plan for the efficient disposal of sewage in Langport and this will be ready for consideration in 1952.

Appendix D, Table 3 shows the closet accommodation for the Rural District. The very high number of pail closets will be noted. Good progress was made in conversion during the year. This was due to connections being made to the new sewer in Somerton. If a sewage disposal system was made in Langport a

further considerable reduction would ensue.

Public Cleansing This is done by direct labour, three parishes being visited weekly, four fortnightly and eighteen once per month. The parishes receiving collections once per month have been unhappy with their lot. Unfortunately with the forces at his disposal the Sanitary Inspector was quite unable to give them more frequent collections and if they are required he must have more labour and another freighter. Several complaints were received during the year from the outlying parishes. These usually followed Bank Holidays when one day of collection was unavoidably lost.

Factories Act Details of inspections will be seen in Appendix D, Table 4.

#### B Housing

The progress made during the year will be easily seen with reference to Appendix D, table 5. Despite fifty-four houses having been built in the area there are still an estimated number of 317 new houses needed to replace those unfit. Another 149 are required to overcome unsatisfactory conditions for example, two families living in the same house etc. and there are in addition 274 on the Council's application list. No doubt some of these are included in the numbers given above. However, it shows that there is still a great need for houses in the Langport Rural District during the next five years.

Caravan Sites There is only one licensed site in the area which is for twelve caravans on a  $4\frac{1}{2}$  acre field. Some individual caravans have been given conditional licences. During the summer there are a number in seasonal occupation.

#### C Inspection and Supervision of Food

Meat There is one slaughter house in the area where horses are slaughtered for human consumption. These are inspected. Two casualty pigs were slaughtered, inspected and forwarded to the Ministry of Food abattoir at Taunton.

Milk There are five registered distributors and three registered dairy premises in the area. Appendix D, Table 6 shows the results of the routine sampling done throughout the year.



Ice Cream No ice cream is manufactured in the area but there are twenty-eight registered premises on which pre-packed ice cream is sold. All samples taken were found to be in Grade 1.

On 17th July, 1951, the Council adopted model Bye-Laws under Section 15 of the Food and Drugs Act, 1938. Routine inspections have been carried out but no action has been necessary under these bye-laws.

APPENDIX A TABLE 1

Registrar General's estimate of population mid 1951 .....	12,820
Area .....	57,122 acres
Number of inhabited houses at the end of 1951 according to the Rate Book.....	4,023
Rateable Value .....	£50,492
Sum represented by a penny rate .....	£206

APPENDIX A TABLE 2

LANGPORT 1951

<u>BIRTH RATE</u>		M	F
Live Births	Total	97	100
	Legitimate	91	97
	Illegitimate	6	3
Still Births	Total	2	3
	Legitimate	2	3
	Illegitimate	-	-
Deaths of infants under 1 year	Total	2	3
	Legitimate	2	3
	Illegitimate	-	-
Deaths of infants under 4 weeks	Total	2	2
	Legitimate	2	2
	Illegitimate	-	-

APPENDIX A    TABLE 3

LANGPORT   1951

TABLE OF DEATHS	Total	M	F
	193	90	103

Death Rate            15.0 per thousand

<u>Causes of Death</u>	Total		
Tuberculosis	5	3	2
Infective and Parasitic Disease	3	3	-
Cancer (all forms)	27	11	16
Heart Disease	76	36	40
Diseases of Circulation	31	11	20
Influenza	4	1	3
Pneumonia	1	1	-
Bronchitis	9	5	4
Nephritis	5	2	3
Motor Accidents	1	1	-
Suicide	3	3	-
Ill defined Diseases	<u>28</u>	13	15
	<u>193</u>		



APPENDIX B    TABLE 1

Works of District Nurses during 1951.

<u>District Nurse</u>	<u>Babies born at home</u>	<u>Babies born in hospital</u>	<u>Total</u>	<u>Number of visits to homes</u>
Babcaŕy	2	13	15	2,644
Barton St. David				
Charlton Adam				
Cary Fitzpaine				
Charlton Mackrell				
Keinton Mandeville				
Kingweston				
Lytes Cary				
High Ham	18	10	28	3,179
Huish Episcopi				
Langport				
Pitney				
Muchelney				
Curry Rivel	25	18	43	3,929
Drayton				
Barnshill				
Fivehead				
Hambridge				
Isle Abbots				
Isle Brewers				
Swell				
Kingsdon	1	5	6	223
Long Sutton	12	28	40	4,441
Catsgore				
Somebton				
Barrington	6	3	9	2,750
Puckington				
Compton Dundon	1	9	10	461
Littleton				
Aller	1	2	3	148
Beercrocombe	No report received			
Curry Mallet				

APPENDIX B      TABLE 2

Curry Rivel Child Welfare Centre

Statistics for the twelve months ended 31st December, 1951

1. Number of children who first attended during the year and who on the first attendance were:-
 

(a)	Under 1 year of age	.....	14
(b)	Over 1 year of age	.....	6
  
2. Number of children in attendance at the end of the year who were then:-
 

(a)	Under 1 year of age	.....	13
(b)	Over 1 year of age	.....	20
  
3. Number of children who attended the Centre during the year... 34
  
4. Total attendances during the year made by:-
 

(a)	Children under 1 year	.....	65
(b)	Children over 1 year	.....	91
(c)	Mothers	.....	120
  
5. Average attendances per session of:-
 

(a)	Children under 1 year	.....	65/80
(b)	Children over 1 year	.....	91/129
(c)	Mothers	.....	120/163
  
6. Number of individual mothers who attended during the year ... 24
  
7. Total number of sessions held:-
 

(a)	With Medical Officer	.....	11
(b)	Other sessions	.....	1
(c)	Number of children examined by Doctor	.....	32
(d)	Total number of medical consultations...	.....	142
  
8. Immunisations ..... 11
  
9. Vaccinations ..... Nil

Langport Child Welfare Centre

1. Total number of children who attended during the year ..... 60
  
2. Average attendance ..... 9
  
3. Immunisations ..... 4
  
4. Vaccinations ..... Nil

APPENDIX B    TABLE 3

VACCINATIONS

Age Groups	Under 1		1 to 4		5 to 14		15 or over		Totals	
	P	R	P	R	P	R	P	R	P	R
	85	0	14	0	0	11	6	31	105	42

P = Primary  
R = Re-Vaccination

APPENDIX B    TABLE 4

Langport Rural District Schools.

Name of School	No. In- spected	No. Im- munised	Date of Inspec- tion	Date of last Dental Inspec- tion	Children Having milk	Children having dinners
Barrington	15 12	15	10.1.51 2.10.51	January 1949	100% 100%	87.5% 94.12%
Curry Mallet	9 4		10.1.51 6.9.51	December 1947	100% 100%	94.12% 86.95%
Drayton	9 12	3	9.1.51 3.10.51	February 1949	80% 100%	55% 66.66%
Fivehead	10 12	7	17.1.51 3.10.51	February 1949	100% 100%	100% 100%
Hambridge	17 21		23.1.51 29.9.51	November 1949	97.22% 97.22%	69.44% 72.22%
Huish Episcopi Sec. Modern	71 68		20.6.51 17.12.51	October 1949	84.95% 98.59%	72.32% 73.24%
Isle Abbots	6 11	4	17.1.51 11.10.51	February 1949	100% 100%	100% 88.88%
Kingsbury	46	11	26.1.51 10.10.51	February 1949	90.28% 92.95%	83.33% 70.42%
Muchelney	10 10	4	18.1.51 11.10.51	January 1950	100% 94.35%	100% 100%
Totals	<u>374</u>	<u>44</u>				

APPENDIX B    TABLE 5

Use made of the Langport Ambulance to October 1951

Mileage ..... 5,701

Patients conveyed

Road Accidents	Emergency Calls	Normal Calls	Total
15	68	100	183



APPENDIX C    TABLE 1

Infectious Diseases

Erysipelas	1
Scarlet Fever	6
Acute Poliomyelitis	1
Puerperal Pyrexia	1
Acute Primary Pneumonia	16
Measles	261
Whooping Cough	29
Chicken Pox	53

ANALYSIS OF CASES NOTIFIED

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15
Scarlet Fever				1		5	
Pneumonia					1	2	1
Poliomyelitis				1			
Measles	3	14	23	29	32	130	15
Whooping Cough	1	2	4	4	4	12	2
Chicken Pox	1	1	2	5	6	27	6
	15-20	20-35	35-45	45-65	65 +	Age Un- known	
Scarlet Fever							
Pneumonia		1		6	4	1	
Poliomyelitis							
Measles	5	1	5	1		3	
Whooping Cough							
Chicken Pox	4	1					

Tuberculosis

<u>Age Group</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respi- ratory</u>	
	M	F	M	F	M	F	M	F
- 1								
1 - 5								
5 - 15	1		2					
15 - 25	1	2						
25 - 35	1	3			1			
35 - 45	1	2			1			
45 - 55			1					
55 - 65	1	1			1	1		
65 +								
Age Unknown							1	
Totals	5	8	3		3	2		

APPENDIX D    TABLE 1

WATER SUPPLY

<u>RAW WATER</u>				<u>TREATED AFTER GOING INTO SUPPLY</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
24	14	4	-	27	-	-	-

APPENDIX D    TABLE 2

Water Supplies from Public Mains:-

<u>DIRECT TO THE HOUSES</u>		<u>BY MEANS OF STANDPIPES</u>	
<u>No. of Dwelling Houses</u>	<u>Population</u>	<u>No. of Dwelling Houses</u>	<u>Population</u>
2,848	8,544	160	512

No. of parishes with piped water supply:-

(i) from public mains ... 18      (ii) from private reservoirs ... -

No. of parishes without a piped supply of water ... .. 7

No. of cases in which piped supply was substituted for well  
water ... .. 29

Water Supplies from wells:-

NO. OF SAMPLES TAKEN FOR ANALYSIS

<u>Satisfactory</u>		<u>Unsatisfactory</u>	
<u>Chemical</u>	<u>Bacteriological</u>	<u>Chemical</u>	<u>Bacteriological</u>
-	-	2	9

No. of wells closed ..... Nil

No. of houses relying on well supplies. 1,094

APPENDIX D    TABLE 3

Closet Accommodation

<u>Pail Closets</u>	<u>Water Closets</u>	<u>Other</u>
1,533	2,362	209

No. of conversions to water carriage system during year 95

APPENDIX D TABLE 4

FACTORIES ACT 1937

Inspections for the purpose of provisions as to Health  
(including Inspections made by the Sanitary Inspector)

Premises	Number on Register	Inspec- tions	Written Notices	Occupiers Prosecuted
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(i) Factories in which  
Sections 1,2,3,4  
and 6, are to be en-  
forced by Local  
Authorities

4	12	-	-
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Factories not in-  
cluded in (i) in  
which Section 7 is  
enforced by Local  
Authority

61	30	1	-
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Totals	65	42	1	-
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Number of cases in which defects were found .....4

Number of cases in which defects were found remedied ....2

APPENDIX D TABLE 5

HOUSING

Houses erected during the year	Houses in course of erection	Conversion to Flats or Dwellings	Temporary such as Army Huts, etc.
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Perm.	Temp.	Perm.	Temp.	Perm.	Temp.
-------	-------	-------	-------	-------	-------

Local Authority	42	-	36	-	-	-	-
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Private Enterprise	12	-	12	-	2	-	-
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54	-	48	-	2	-	-
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Inclusive of those above built during the year:-

Total number of houses in District	...	...	...	4,023
" " " " owned by Local Authority	...	...	...	603

No. of post war houses erected to 31st December, 1951

By Local Authority	By Private Enterprise
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196	38
Programme for 1952	21

(a) No. of unfit houses in the District but on which no  
formal action has been taken ... 666

(b) No. of houses that have been condemned under the  
Housing Acts as totally unfit ... 3

(c) No. of houses occupied under (a) .. 663 Under (b) .. 2



(d) No. of houses found overcrowded ... .. 9

Houses Required

- (i) To replace those unfit under (a) ... 317 under (b) ... 2  
(ii) To overcome unsatisfactory conditions e.g. two families  
living in same house but not included in (i) or (ii) 149  
(iii) To abate overcrowding ... .. 3

Total number of applicants for Council Houses at the end of  
the year ... .. 274

APPENDIX D TABLE 6

MILK SAMPLING

<u>Designation</u>	<u>Samples Taken</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested	57	52	5
Accredited	-	-	-
Pasteurised	59	58	1
Sterilised	-	-	-
Undesignated	-	-	-